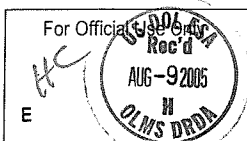


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4765</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Alex Corns</u> <u>138 Lee Avenue</u> <u>San Francisco CA, 94112</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	4. Name, file number, and address of labor organization. Name <u>Hod Carriers Local #36</u> <u>LABORERS</u> <u>6229 A Mission Street Daly City 94014</u> Labor Organization File Number <u>077395</u> P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
5. Position in labor organization. <u>Business Manager Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Alex Corns

On

8/4/05  
Date

650 756-6651  
Telephone Number

Name of Person Filing <b>Alex Corns</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p><b>Hod Carriers Local #36 Health &amp; Welfare and Pension Trust Funds</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p><b>Allied Administrators</b></p> <p>Street <b>833 Battery Street 2nd Floor</b></p> <p>City <b>San Francisco CA, 94111</b></p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Trust Fund meetings and Lunch.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$80.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

# HOD CARRIERS 36 HEALTH & WELFARE MEETINGS

<u>DATE</u>	<u>LOCATION</u>	<u>COST OF LUNCH</u>	<u>ATTENDEES</u>	<u>TOTAL COST PER TRUSTEE</u>
3/8/04	Buon Gusto	\$146.05	8	\$18.26
6/30/04	Lou's Village	\$193.18	9	\$21.46
10/19/04	Scoma's	\$0.00	8	\$0.00

7/27/05  
 call - other than meals that were  
 paid through the Trust for Board  
 meetings, you had no expenses through  
 the Trust, or through Allied.

# HOD CARRIERS 36 CONSOLIDATED PENSION MEETINGS

<u>DATE</u>	<u>LOCATION</u>	<u>COST OF LUNCH</u>	<u>ATTENDEES</u>	<u>TOTAL COST PER TRUSTEE</u>
1/22/04	Buon Gusto	\$150.00	8	\$18.75
4/21/04	Allied - S.F.	\$0.00	10	\$0.00
7/28/04	Allied - S.F.	\$0.00	7	\$0.00
10/21/04	Buon Gusto	\$146.75	8	\$18.34